

## Improving opioid availability

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Dear Editor,

We would like to update readers of the Indian Journal of Palliative Care about methods that have been developed for improving availability of opioid analgesics for palliative care, particularly since these methods have roots in India.

We all share the vision that essential medicines like oral morphine and other opioids should be readily accessible for the relief of moderate to severe pain, particularly for people with cancer, HIV/AIDS and other chronic diseases. However, the tragedy of living and dying in unrelieved pain continues every day in India and throughout the world because pain is a low priority in healthcare, opioids are feared, and unduly strict government regulations block patient access to needed medications.

Our mission as a WHO Collaborating Center is to develop methods to identify and overcome regulatory barriers that block access to opioid analgesics. We believe that good policy and communication are essential to improving the drug regulatory environment for pain management. Consequently, our methods are collaborative and involve a) reforming national drug control policies so they do not interfere with pain relief, and b) sponsoring workshops that bring together stakeholders for learned and constructive dialogue about palliative care and how to surmount the barriers.

The principal resource for balanced policy is the WHO document, *Achieving Balance in National Opioids Control Policy*, now in 13 languages. These guidelines offer a rock-solid medical and policy framework for working with governments to ensure the adequate availability of opioid analgesics for medical purposes. Sixteen criteria, a check list, and suggestions for their use provide guidance for identifying and removing regulatory barriers. Palliative care specialists and narcotic regulators approved these guidelines, including

the Narcotics Commissioner of India.

The principal resource that we have advocated to establish dialogue among the stakeholders is a specialized workshop where countries send teams of Ministry of Health officials, drug regulators and leaders in pain and palliative care. Each country team reviews the situation of cancer, HIV/AIDS, pain and palliative care and drug availability. The teams use the WHO Guidelines to develop action plans. WHO has sponsored opioid availability workshops in Latin America, Eastern Europe, and sub-Saharan Africa. More are being planned.

India has contributed powerful ideas and experience to this work. The Indian Association of Palliative Care and its Morphine Committee provided us with useful guidance and encouragement. Since 1995, our participation in many morphine workshops in Indian states provided experiences to share with the world. These efforts have led to some improvements in opioid availability for palliative care as well as national policy changes: palliative care programs were exempted from drug license, and the morphine factory at Ghazipur must always keep morphine on the shelf for domestic needs.

We are thankful for what we have learned from great Indian leaders in palliative care and drug regulation, and we look forward to their continuing contributions.

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